New Hampshire High School Equestrian Teams

Spectator Incident Report Form

(please print legibly or type)

Date of Incident: _____ **Report Date:** _____

Name(s) of Persons Involved: _____

Team Affiliation: _____

Phone Number: _____

Email: _____

Name(s) of Witness(es): _____

Team Affiliation: _____

Phone Number: _____

Email: _____

Location of Incident: _____

Time of Incident: _____

EMS/Police Involved? Y N **If yes, provide case #:** _____

Name of NHHSET Official in charge at time of incident: _____

Details of Incident:

_____

_____

_____

_____

_____

Your Name: _____ **Phone:** _____

Signature: _____ **Date:** _____

State Chair notified (Date): _____